| PATENT APPLICATION FEE DETERMINATION RECORD Effective December 8, 2004 |  |  |  |                                |                   |                                  |   |                     | Application or Docket Number |     |                            |  |             |
|--|--|--|--|--------------------------------|-------------------|----------------------------------|---|---------------------|------------------------------|-----|----------------------------|--|-------------|
|  |  |  |  |                                |                   |                                  |   |                     | (0)                          | 535 | 145                        |  |             |
|  |  | CLAIMS A                                       | AS FILED -                                   |                                | (Column 2)        |                                  |   | SMALL ENT           | TITY                         | OR  | OTHER<br>SMALL E           |  | -           |
| U.S. NATIONAL STAGE FEES   |  |  | (Column 1)                                   |                                | (Goldmir 2)       |                                  |   | RATE                | FEE                          | 1   | RATE                       | FE   |             |
| BASIC FEE  |  |  | SMALL ENT. = \$ 150                          |                                | LARG              | SE ENT. = \$ 300                 |   | BASIC FEE           |                              |     | BASIC FEE                  | <del>                                     </del> |             |
| EXAMINATION FEE  |  |  | Satisfies PCT Article 33(1)-                 |                                |                   | her situations =                 |   |                     | <u> </u>                     | OK  |                            | 200  |             |
|  |  |  | (4) = \$50/\$100<br>U.S. is ISA = \$50/\$100 |                                |                   | 100 / \$ 200<br>her situations = |   | EXAM. FEE           |                              |     | EXAM. FEE                  | 30   | 7           |
| SEARCH FEE   |  |  | ALL other co<br>\$ 200 / \$                  |                                |                   | 250 / \$ 500                     |   | SEARCH FEE          |                              |     | SEARCH FEE                 | 50i  | )           |
| FEE FOR EXTRA SPEC. PGS.   |  |  | min  | us 100 =                       | / 50 <del>=</del> |                                  |   | X \$ 125 =          |                              |     | X \$ 250 =                 |  |             |
| TOTAL CHARGEABLE CLAIMS  |  |  | 13 mi  | nus 20 =                       | *                 |                                  |   | X \$ 25 =           |                              | OR  | X \$ 50 =                  | 1  |             |
| INDEPENDENT CLAIMS   |  |  | \ minus 3 =                                  |                                | *                 |                                  |   | X \$ 100 =          |                              | OR  | X \$ 200 =                 |  |             |
| MUL  | TIPLE DEPEN                                    | DENT CLAIM PRI                                 | ESENT  |                                |                   |                                  |   | + \$ 180 =          |                              | OR  | + \$ 360 =                 |  | T           |
| * If   | the difference                                 | e in column 1 is                               | less than zero                               | o, enter "(                    | )" in co          | lumn 2                           |   | TOTAL               |                              | OR  | TOTAL                      |  | <del></del> |
| CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column             |  |  |  |                                |                   | (Column 3)                       |   | SMALL ENTITY        |                              |     | OTHER THAN<br>SMALL ENTITY |  |             |
| AMENDMENT A  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT      |  | HIGH<br>NUM<br>PREVIO<br>PAID  | BER<br>DUSLY      | PRESENT<br>EXTRA                 |   | RATE                | ADDI-<br>TIONAL<br>FEE       |     | RATE                       | ADI<br>TION<br>FE                                | <b>IAL</b>  |
|  | Total  | *  | Minus  | **                             |                   | =                                |   | X \$ 25 =           |                              | OR  | X \$ 50 =                  |  | ·           |
|  | Independent                                    | *  | Minus  | ***                            |                   | =                                |   | X \$ 100 =          |                              | OR  | X \$ 200 =                 |  |             |
| ,  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |  |  |                                |                   |                                  | Ì | + \$ 180 =          |                              | OR  | + \$ 360 =                 |  | _           |
|  |  | · · · · · · · · · · · · · · · · · · ·          | · · · · · · · · · · · · · · · · · · ·        | · · · · · · · ·                |                   |                                  |   | TOTAL ADDIT.<br>FEE |                              | OR  | TOTAL ADDIT.<br>FEE        |  |             |
|  |  | (Column 1)                                     |  | (Colur                         | nn 2)             | (Column 3)                       |   | •                   |                              |     |                            |  |             |
|  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT      |  | HIGH<br>NUMI<br>PREVIO<br>PAID | BER<br>JUSLY      | PRESENT<br>EXTRA                 |   | RATE                | ADDI-<br>TIONAL<br>FEE       |     | RATE                       | ADD<br>TION<br>FEI                               | AL          |
|  | Total  | *  | Minus  | **                             |                   | =                                | Ī | X \$ 25 =           |                              | OR  | X \$ 50 =                  |  |             |
|  | Independent                                    | *  | Minus  | ***                            |                   | =                                |   | X \$ 100 =          |                              | OR  | X \$ 200 =                 |  | $\dashv$    |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |  |  |                                |                   |                                  | ŀ | + \$ 180 =          |                              | OR  | + \$ 360 =                 |  | $\dashv$    |
| TOTAL ADDIT.<br>FEE  |  |  |  |                                |                   |                                  |   |                     |                              | OR  | TOTAL ADDIT.<br>FEE        |  | ᅱ           |
|  |  | umn 1 is less than the<br>umber Previously Pai |  |                                |                   |                                  |   |                     |                              |     |                            |  |             |

<sup>\*\*\*</sup> If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.